

P305 POOR ADHERENCE PREDICTORS AND FACTORS ASSOCIATED WITH TREATMENT FAILURE AMONG HIV SEROPOSITIVE PATIENTS IN WESTERN NIGERIA

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Background The efficiency and success of antiretroviral therapy (ART) depends on a near-perfect level of patient's adherence to a life-long regimen of antiretroviral (ARV) which is beneficial in reducing the risk of emergence of HIV resistant strains. This adherence is however influenced by several factors related mainly to patient and medication. This study is therefore carried out to determine the adherence rate of adult patients infected with HIV and identify the factors associated with antiretroviral therapy (ART) interruption or poor adherence.

Methods This cross sectional study was carried out in Ondo & Ekiti States, South Western Nigeria. The target population was adult patients living with HIV and already initiated on ART. Data was collected by trained volunteers and supervised by appointed supervisors, by a face-to-face interview. All data were statistically analysed, using statistical package for the social sciences (SPSS) and statistical test of significance was performed with Chi-Square test.

Results A total of 412 consenting respondents participated in the study with a mean age \pm SD is 37.93 \pm 9.30 years. 116 (40.8%) of them are males while 244 (59.2%) are females. ART adherence level was 79.6%. The main factor associated with ART adherence was educational status ($\chi^2 = 16.18$, $df = 3$, $P = 0.001$). Drug reminder strategy have lower association with missing ART drug (OR: 0.51, 95% CI: 0.28 – 0.92) while patients experiencing ART drug side effect have higher association with missing ART drug (OR: 1.82, 95% CI: 1.01 – 3.28).

Conclusion ART adherence is sub-optimal, with barriers largely patient-dependent thus it is imperative to intensify medication adherence counselling in an holistic behavioural educational improvement strategy aimed at improving the ability to fit therapy into own lifestyle, avoid drug exhaustion, achieve optimal adherence and tremendous patient outcome.

Disclosure No significant relationships.

P306 VACCINE DEVELOPMENT & AMP; PARTICIPATION IN SUB SAHARAN AFRICA: HOW WILLING ARE YOUNG PEOPLE IN WESTERN NIGERIA?

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Background An estimated 36.7 million people live with HIV/AIDS in 2015, with more than 3 million people living with the virus in Nigeria, ranking the country among the top three most affected. Because adults are mostly affected by this epidemic, their inclusion in HIV vaccine trials is of utmost importance in obtaining an effective and acceptable vaccine. This study is thus aimed at evaluating the factors determining

adults (young persons) willingness-to-participate (WTP) as well as their entire knowledge and perception about HIV vaccine trials.

Methods Data was obtained from 3500 young persons (18–49 years) recruited by a multi-stage sample technique. The cross-sectional study was carried out using a face-to-face interview. An informed consent was obtained through a pre-tested structured questionnaire, with questions addressing socio-demographics, HIV vaccine studies knowledge and perception, sexual behaviour and possible stigma from HIV vaccine trial participation. Data was analysed using SPSS software, with significance fixed at $P < 0.05$.

Results The mean age \pm SD was 27.53 \pm 3.46 years. 1094 (31.3%) expressed their willingness to definitely participate in the vaccine studies while 999 (28.5%) reported that they may participate especially if a very tangible incentive will be given. Unwillingness to participate was associated with safety concerns (12.0), side effects (5.0%), fear of HIV infection from vaccine (4.1%), time required for study (1.9%) and partner's sexual intercourse refusal (1.2%). 983 (28.3%) reported people in good health, HIV negative individuals and at low risk of HIV infection, are eligible for HIV vaccine trial. There was a significant association between willingness to participate in HIV vaccine trials and age as well as gender.

Conclusion Participation in HIV vaccine trial in Nigerian context is likely influenced by comprehensive education about the vaccine trial concept, addressing issues relating to concerns and possible risks pertaining to participation, as the WTP in the vaccine trial is quite low.

Disclosure No significant relationships.

P307 LINKAGE TO HIV CARE FROM SEXUAL HEALTH CENTER ROTTERDAM: TIMELY ENTRANCE TO CARE, BUT WORRYING LOSS TO FOLLOW-UP IN MIGRANTS

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Background Direct treatment after HIV-diagnosis reduces further transmission and has individual health benefits. A check of HIV referral is therefore crucial. Approximately one third of HIV-infections in the greater Rotterdam area are diagnosed at the Center of Sexual Health (CSH). After notification of HIV-infection and counseling, clients are directly referred to a HIV treatment center (HTC). The HTC informs the CSH if the patient did not attend within 4 weeks.

Methods Determinants of linkage to care were assessed in patients with HIV diagnosis (2015–2018). For patients in the Rotterdam HTCs, median time was calculated between testing and diagnosis (T1) and diagnosis and 1st consultation at HTC (T2).

Results HIV-infection was found in 208 patients, (7 women, 14 heterosexual men, 187 MSM (18 of whom bisexual); 120 (58%) had a non-Western migratory background. Nineteen (9%) turned out to be known HIV-positive: 17 of those were in care, 2 were referred again. Of 189 newly diagnosed, 172 (91%) were directly referred by the CSH to a HTC of whom 95%(163/172) entered care. Median T1 decreased from 9 to 6.5 days and median T2 decreased from 8 to 5.5 days respectively in 2015 and 2018. Linkage to care was 86%(163/189), 14%(26/189) were lost to follow-up: 7 went abroad, 10 were untraceable, 8 were referred but did not enter care and 1 could not be verified. Linkage to care was lower for those with a non-Western migratory background compared to Western (79% (83/105) vs 95% (80/84); $p=0.002$).

Conclusion By a close collaboration between CSH and HTC we were able to improve linkage to care to 86% of new patients, we also observed a decrease in time to care. However, there is a worrisome loss to follow-up, especially in patients with a migratory background. Reasons for loss to follow-up will be investigated, peer involvement may facilitate linkage to care.

Disclosure No significant relationships.

P308 TIMING OF INITIATION OF HIV TREATMENT AND LEVEL OF ADHERENCE AMONG PREGNANT WOMEN UNDER OPTION B+ PROGRAMME IN NIGERIA

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Background Nigeria has the highest rate of mother-to-child transmission (MTCT) of HIV in the world. Adherence to anti-retroviral therapy (ART) is therefore crucial in pregnancy because missed doses may lead to virological failure and increased risk of MTCT. Research has shown that ART commenced before pregnancy and continued throughout the prenatal period is associated with low rates of MTCT. We evaluated ART dose adherence among pregnant women who commenced ART before and after conception under the Option B+ programme in Nigeria.

Methods A standardized survey was used to obtain information about health behaviours and practices associated with ART use among pregnant women in four high-volume HIV treatment centres in Nigeria. A woman was considered adherent if she had not missed her ART dose over a four-day period. Prevalence of self-reported 100% adherence to ART doses was calculated for the previous four days using the bootstrap technique.

Results The survey had a response rate of 92.6%. Of the 275 women, 34.2% had commenced ART before conception, while 24.7%, 36.4% and 4.7% started ART during the first, second and third trimester of the current pregnancy respectively. Of women starting ART before conception, 51.1% (95% CI: 41.5 to 60.6) were adherent. Of the women who commenced ART after conception, 30.9% (95% CI 20.6 to 42.6), 19.0% (95%

CI 12.0 to 28.0) and 15.4% (95% CI 0 to 38.5) were adherent in the first, second and third trimester respectively.

Conclusion Adherence was highest among women who started ART before conception and lowest among women who commenced ART during the third trimester. Overall, adherence levels were low. It is essential that ART adherence is improved during pregnancy to fast track the elimination of MTCT in Nigeria. It may be helpful to commence screening for HIV status before pregnancy to facilitate early commencement of ART, if required.

Disclosure No significant relationships.

P309 GOING DEEPER – MSM PEER CLIQUES AND NOT PEER GROUPS PROMOTES BEHAVIOUR CHANGE IN HIV PREVENTION INTERVENTION IN NIGERIA

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Background Guidelines for combination prevention using the Peer Education Plus model (PEP) for HIV in Nigeria include MSM as a key population to target. Assumptions are that MSM are better reached with HIV services in groups of peers consisting of between 8–12 individuals without taking into account cliques that could make up these groups and the unfavourable legal environment which influences MSM Clique's within groups. Our study investigated how Nigeria can leverage MSM's behaviour for increased uptake of STI and other HIV prevention services in the face of unfavorable legislations.

Methods The global fund R9 HIV program supported Edo state, Nigeria from July 2015 - December 2017 to provide HIV prevention services to 503 MSM. Beneficiaries were recruited and exposed to the PEP model. Peer education was carried out in groups without considerations for cliques in the first two semesters and implemented within cliques in the third and fourth semesters. By the fifth semester, MSM were allowed to either take up services within a cliques or in mixed groups. Access to HIV Testing Services (HTS) including linkages to treatment sites for STIs and HIV were all provided

Results In the first two semesters, uptake of HTS increased from 50.7% and 49.1% respectively to 86.3% and 79.7% in the third and fourth semesters and came down to 61.5% in the fifth semester. The number of HIV(+) individuals, who completed referrals to STI treatment centres increased from 25% in the first semester to 66% in the second semester and then reached and remained at 100% in semesters 3–5.

Conclusion MSM are more open to access services in their core cliques as compared to groups. This is probably due to their fear about blackmail. Our study highlights that MSM peer cliques is preferred for behaviour change interventions and therefore suggests how future interventions should be designed

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